

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number 164052.03</b>
<b>Application Number 09/904,409</b>		<b>Filed July 12, 2001</b>
<b>For SYSTEM FOR CREATING AND DELIVERING ENHANCED TELEVISION SERVICES</b>		
<b>Art Unit 2623</b>	<b>Examiner Mushfikh I. Alam</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u><b>Fee</b></u>	<u><b>Small Entity Fee</b></u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1100	\$555	\$ <u>1100.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 50-0463. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
☒ attorney or agent of record. Registration Number 35,333.  
☐ attorney or agent under 37 CFR 1.34.  
                     Registration number if acting under 37 CFR 1.34 \_\_\_\_\_.

\_\_\_\_\_  
/M. David Ream/  
Signature

\_\_\_\_\_  
M. David Ream  
Typed or printed name

\_\_\_\_\_  
February 6, 2009  
Date

\_\_\_\_\_  
425-538-5530  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted